

INFORMATION ABOUT FACILITY RENEWAL

The PT and OT rules are available at www.ptot.texas.gov. You may also buy a paper copy from the Board. Many questions regarding facility registration are answered in FAQs under each topic at www.ptot.texas.gov/faq.

THERAPIST IN CHARGE REQUIREMENTS

- Renewal requires the signature of the Therapist in Charge (page 3), as well as the signature of the person filling out the form (page 1). If the Therapist is authorized to represent the owner on this form, he/she may also sign page 1.
- If there is a new Therapist in Charge (TIC) a new signed TIC form must be signed (page 3 of this form).
- A facility has 30 days to notify the Board of a change in the TIC.

OWNERSHIP CHANGES - If the facility is bought, sold or transferred to another owner, or the type of ownership changes, you may **NOT RENEW** the facility registration. You must submit new applications if any of the conditions below apply.

(The application is online at www.ptot.texas.gov/page/facility-forms)

- a sole proprietor (individual) incorporates or changes to a partnership;
- a partnership incorporates or changes to a sole proprietor;
- a corporation dissolves and changes its status to a partnership or sole proprietor;
- a sole proprietor (individual), partnership or corporation sells or transfers the ownership to another individual, partnership or corporation.

SYNCHRONIZATION OF REGISTRATION EXPIRATION DATES FOR ALL FACILITIES OWNED BY ONE PERSON OR ENTITY– Multiple facilities with the same Tax ID will receive the same expiration date. If requested in writing the PT and OT facility registrations may also be synchronized.

CANCELLING A REGISTRATION

- If you are no longer providing OT or PT services, you may cancel your registration by notifying the Board in writing using the Closing a Facility form found at www.ptot.texas.gov/page/facility-forms.
- Cancellation allows the owner to reopen the facility at a later date by paying a restoration fee that is half the amount charged for the restoration of an expired facility registration.
- A registration may be cancelled up to 30 days after the registration expires.
- Only the facility owner may cancel a facility registration.

LATE RENEWAL

- A facility registration may be renewed up to one year after the expiration date by submitting the renewal application, renewal fee, and late fees that may be due.
- A facility with an expired registration may not resume providing services until they have a current facility registration.
- All licensees are subject to disciplinary action if providing therapy services in a facility that is not currently registered.

RENEWAL AND LATE FEE SCHEDULE

	Fee Amount	TOTAL
Renewal	\$215.00	\$215.00
Late less than 90 days	\$107.50.	\$322.50
Late more than 90 days but less than one year	\$215.00	\$430.00

RESTORATION

A facility registration that is one year or more expired may not be renewed, but must be restored. Use the Restoration Form at www.ptot.texas.gov/page/facility-forms.

FACILITY RENEWAL FORM

Executive Council of Physical Therapy and Occupational Therapy Examiners



333 Guadalupe St, Ste 2-510, Austin, TX 78701-3942
www.ptot.texas.gov Phone: 512/305-6900 FAX: 512/305-6970

Circle One PT OT

For Office Use Only

Application No.:

Processed by:

Date:

Page 1 of 3

Complete all of the blank information fields in the spaces below. See attached instructions for more information.

Registration No.: _____ Expiration Date: _____ Fee Enclosed: _____

NAME OF FACILITY (As it appears on wall license)

STREET ADDRESS AND PHONE NUMBER MAILING ADDRESS (if different)

THERAPIST IN CHARGE - NAME AND LICENSE NUMBER If the Therapist in Charge has changed since registration or last renewal, you must send in a signed Therapist in Charge form to complete the renewal process. See instructions. NAME LICENSE NUMBER

TYPE OF OWNERSHIP (circle one) 1. Corporation 2. Sole Proprietorship 3. Partnership 4. Government Entity If the type of ownership has changed since registration or the last renewal, this facility registration cannot be renewed. See instructions for more information.

THIS BOX MUST BE SIGNED BY THE OWNER, MANAGING PARTNER OR OFFICER, OR A PERSON AUTHORIZED BY THE OWNER TO COMPLETE THE RENEWAL OF THIS FACILITY. By signing below, I attest that all information submitted in this renewal is true and correct. SIGNATURE DATE PRINTED NAME TITLE/POSITION PHONE NUMBER EMAIL



PAGE 2 OF 3 - OWNERSHIP IDENTIFICATION/CONTACT INFORMATION

FACILITY REGISTRATION NO:			
NAME OF THE ENTITY THAT OWNS THE BUSINESS <i>If the entity is a sole proprietorship operated under the name of the owner, enter that name both here and in the contact information field below.</i>			
OWNER'S FEDERAL TAXPAYER ID NUMBER <i>(SSN allowed only if the owner is a sole proprietor and has no federal Employer Identification Number. Enter one number only.)</i>			
EIN only	<input type="text"/> <input type="text"/> - <input type="text"/>	SSN only	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
OWNER INFORMATION - If SOLE PROPRIETOR , enter contact information for the owner in Name 1 Box . - If GOVERNMENTAL ENTITY , enter contact information for the person authorized to act for the entity in Name 1 Box . - If PARTNERSHIP OR CORPORATION , enter contact information for the managing partner or officer in Name 1 Box ; enter information for the other 3 officers in the remaining boxes.			
Name 1			
			Area Code/Phone No.
Position/Title	SSN		Date of Birth
Address	City	State	Zip Code
Name 2			
			Area Code/Phone No.
Position/Title	SSN		Date of Birth
Address	City	State	Zip Code
Name 3			
			Area Code/Phone No.
Position/Title	SSN		Date of Birth
Address	City	State	Zip Code
Name 4			
			Area Code/Phone No.
Position/Title	SSN		Date of Birth
Address	City	State	Zip Code



THERAPIST IN CHARGE STATEMENT & LIST OF THERAPISTS AND ASSISTANTS

This page must be signed by the Therapist- in Charge. You are required by rule to supply information about licensees of the Executive Council of PT and OT Examiners working in the facility in the section below. Do NOT include the Therapist in Charge, whose name and license number should appear on the affidavit below. Attach another page if you need more space.

FACILITY REGISTRATION NO:	
LICENSEE'S NAME	LICENSE NUMBER
THE SECTION BELOW MUST BE COMPLETED AND SIGNED BY THE THERAPIST IN CHARGE ONLY.	
By signing this form, I attest that I have the authority over and responsibility for this facility's compliance with the Act and Rules of the Texas Board of PT & OT Examiners. I swear that the information submitted for the renewal of this facility's registration is true and correct to the best of my knowledge.	
SIGNATURE OF THERAPIST IN CHARGE	DATE
PRINTED NAME OF THERAPIST IN CHARGE	LICENSE NUMBER